FORM D

1138639 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL OMB Number:

Expires: April 30, 2008

Estimated average burden hours per response......16.00

SEC USE ONLY				
Prefix Serial				
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DATE RE	CEIVED			
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Name of Offering(check if this is an amendment and name has changed, and indicate change.) Series G Preferred Stock Financing	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULO Type of Filing: New Filing Amendment)E
A. BASIC IDENTIFICATION DATA	— 05067914
1. Enter the information requested about the issuer	03007914
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Infinera Corporation (formerly Zepton Networks, Inc.)	
, , , , , , , , , , , , , , , , , , , ,	hone Number (Including Area Code) 572-5300
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telep (if different from Executive Offices)	hone Number (Including Area Code)
Brief Description of Business IT - Telecommunications	
Type of Business Organization Corporation Imited partnership, already formed business trust limited partnership, to be formed	cify): A NOV 0.0
Actual or Estimated Date of Incorporation or Organization: Month Year	THOMSON FINANCIAL
GENERAL INSTRUCTIONS	

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

SEC 1972 (5-05)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB

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		A. BASIC IDE	NTIFICATION DATA			
2. Enter the information r	equested for the f	ollowing:			-	-
 Each promoter of t 	he issuer, if the iss	suer has been organized w	vithin the past five years;			
		•	-			quity securities of the issuer.
		f corporate issuers and of	corporate general and man	aging partners of p	oartnership	issuers; and
• Each general and	managing partner	of partnership issuers.				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	□ Director		neral and/or anaging Partner
Full Name (Last name first, if Singh, Jagdeep	individual)		· .			
Business or Residence Address 1322 Bordeaux Drive, S	,		ode)			· · · · · · · · · · · · · · · · · · ·
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	□ Director		neral and/or anaging Partner
Full Name (Last name first, Perkins, Drew	if individual)		·	:	<u> </u>	
Business or Residence Addr 1322 Bordeaux Drive, S			ode)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		neral and/or an aging Partner
Full Name (Last name first, Welch, David	if individual)					
Business or Residence Addr 1322 Bordeaux Drive, S			ode)	<u> </u>		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		neral and/or anaging Partner
Full Name (Last name first, Balkanski, Alex	if individual)		e to the second			
Business or Residence Addr c/o Benchmark Capital,					· · · · · · · · · · · · · · · · · · ·	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		neral and/or anaging Partner
Full Name (Last name first, Goldman, Ken	if individual)		499 1.0 4.0 4.0	 		
Business or Residence Addr c/o Siebel Systems, 2207				<u>,</u>	***	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	□ Director	_	neral and/or anaging Partner
Full Name (Last name first, Khosla, Vinod	if individual)					
Business or Residence Addr c/o Kleiner, Perkins, C				4025		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	□ Director	_	neral and/or lanaging Partner
Full Name (Last name first, Martin, Hugh	if individual)				·	
Business or Residence Addr 1505 Adams drive, Mer			ode)		· <u>-</u>	

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A. BASIC IDENTIFICATION DATA	
2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the securities of the securities.	he
ssuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers.	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner	
Full Name (Last name first, if individual) Maydan, Dan	
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Applied Materials, 3050 Bowers Avenue, MS-0112, Santa Clara, CA 95054	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner	
Full Name (Last name first, if individual) Rieschel, Gary	
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Mobius Technology Ventures, Two Palo Alto Square, Suite 500, 3000 El Camino Real, Palo Alto, CA 94306	
Check Box(es) that Apply: ☐Promoter☐Beneficial Owner☐Executive Officer☑Director☐General and/or Managing Partner	
Full Name (Last name first, if individual) Rodgers, Thurman J.	
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Cypress Semiconductor Corporation, 3901 North First Street, San Jose, CA 95134	
Check Box(es) that Apply: ☐Promoter ☑Beneficial Owner ☐Executive Officer ☐Director ☐General and/or Managing Partner	
Full Name (Last name first, if individual) KPCB Holdings, Inc.	
Business or Residence Address (Number and Street, City, State, Zip Code) 2750 Sand Hill Rd., Menlo Park, CA 94025	,
Check Box(es) that Apply: ☐Promoter⊠Beneficial Owner☐Executive Officer☐Director☐General and/or Managing Partner	
Full Name (Last name first, if individual) Mobius Technology Ventures	
Business or Residence Address (Number and Street, City, State, Zip Code) Two Palo Alto Square, Suite 500, 3000 El Camino Real, Palo Alto, CA 94306	
Check Box(es) that Apply:□Promoter□Beneficial Owner⊠Executive Officer□Director□General and/or Managing Partner	
Full Name (Last name first, if individual) Zerella, William	
Business or Residence Address (Number and Street, City, State, Zip Code) 1322 Bordeaux Drive, Sunnyvale, CA 95089	
Check Box(es) that Apply: ☐Promoter☐Beneficial Owner⊠Executive Officer☐Director☐General and/or Managing Partner	
Full Name (Last name first, if individual) McCarthy, Michael O.	
Business or Residence Address (Number and Street, City, State, Zip Code) 1322 Bordeaux Drive, Sunnyvale, CA 95089	

		🔭 🗼 A. B'ASIC	IDENTIFICATION DATA	国际企业发生	
2. Enter the information r	equested for the fo	ollowing:			
• Each promoter of	the issuer, if the iss	suer has been organiz	ed within the past five years;		
Each beneficial own	ner having the powe	er to vote or dispose, o	or direct the vote or disposition of	of, 10% or more of a	class of equity securities of the issuer.
Each executive off	icer and director of	f corporate issuers an	d of corporate general and man	naging partners of p	partnership issuers; and
• Each general and	managing partner	of partnership issuer	rs.		
Check Box(es) that Apply:	Promoter	Beneficial Ow	mer Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, it Fallon, Thomas	findividual)				
Business or Residence Addr 1322 Bordeaux Drive, S			p Code)		
Check Box(es) that Apply:	Promoter	Beneficial Ow	mer 🛛 Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Kish, Fred	if individual)				
Business or Residence Addr 1322 Bordeaux Drive, S	•		ip Code)		<u> </u>
Check Box(es) that Apply:	Promoter	Beneficial Ow	vner 🛛 Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Lukens, Howard	if individual)	· ·			
Business or Residence Addr 1322 Bordeaux Drive, S	•		ip Code)		
Check Box(es) that Apply:	Promoter	Beneficial Ov	vner 🛛 Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Chandler, Scott	if individual)			<u> </u>	
Business or Residence Addr 1322 Bordeaux Drive, S			ip Code)		-
Check Box(es) that Apply:	Promoter	Beneficial Ov	wner 🛛 Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Orona, Lonny	if individual)				
Business or Residence Additional 1322 Bordeaux Drive, S			ip Code)		
Check Box(es) that Apply:	Promoter	Beneficial Ov	wner	Director	General and/or Managing Partner
Full Name (Last name first, Sindhu, Pradeep	if individual)				
Business or Residence Add c/o Juniper Networks,					
Check Box(es) that Apply:	Promoter	Beneficial Ov	wner	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)	······································	e e e e e e e e e e e e e e e e e e e		
Business or Residence Add	ress (Number and	Street, City, State, Z	Cip Code)		

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n in					- B. IN	FORMAT	ION ABOU	TOFFER	ING.				X 475.1
1.	Has the i	ssuer sold,	or does the	issuer inter	nd to sell, to	non-accre	dited invest	ors in this o	ffering?			Yes	No ⊠
							nn 2, if filin						
2.	What is t	the minimu	ım investme	ent that will	be accepted	d from any	individual?				9	S	
•	.	~			C 1	20						Yes	Ño □
3. 4.				ownership o ed for each									
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.													
Full	Name (L	ast name fi	rst, if indiv	idual)								*	
Busi	iness or R	tesidence A	Address (Nu	mber and S	treet, City,	State, Zip (Code)						
Nan	ne of Asso	ociated Bro	ker or Deal	ler	-						• .		
State	es in Whi	ch Person	Listed Has	Solicited or	Intends to	Solicit Purc	hasers						
	(Chec	k "All Stat	es" or checl	c individual	States)							🔲 A	ll States
	AL	AK	AZ	AR	CA	co	СТ	DE	DC	FL	GA	HI	ID
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	МО
[МТ	NE	NV	NH	NJ	NM	NY	NC	ND	ОН	ок	OR	PA
[RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Full	Name (L	ast name f	irst, if indiv	ridual)				·					. • •
Bus	iness or R	Residence A	Address (Nu	ımber and S	street, City,	State, Zip	Code)						
Nan	ne of Asso	ociated Bro	oker or Dea	ler									
Stat	es in Whi	ich Person	Listed Has	Solicited or	Intends to	Solicit Pure	chasers						
	(Chec	k "All Stat	es" or chec	k individual	States)	• • • • • • • • • • • • • • • • • • • •						🗀 A	All States
.	AL	AK	AZ	AR	CA	co	CT	DE	DC	FL	GA	HI	ID
	IL	IN	lA	KS	KY	LA	ME	MD	MA	MI	MN	MS	МО
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	ОН	OK	OR	PA
	RI ·	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Full	Name (L	ast name f	irst, if indiv	vidual)									
Bus	iness or R	Residence A	Address (Ni	umber and S	Street, City,	, State, Zip	Code)						
Nar	ne of Ass	ociated Br	oker or Dea	iler					· · · · · · · · · · · · · · · · · · ·				
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)													
	(Chec	AK AII Stai	AZ	k individual	CA CA	col	СТ	DE	DC	FL	GA	<u>Г</u> . А НІ	All States
	ıı	لتت						MD		MI	MN		
		IN	TA	KS	KYl	ILA1	HVLEJ	HVII A	IIVLAT		IIAI IAI	IMINI	IM()I
	IL MT	IN NE	IA NV	KS NH	KY NJ	LA NM	ME NY	NC	MA ND	ОН	OK OK	MS OR	MO PA

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sum_{\text{and}} \) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt\$	0.00	s 0.00
	Equity\$		
	Common Preferred		<u> </u>
	Convertible Securities (including warrants)	0.00	\$
	Partnership Interests\$	0.00	\$0.00
	Other (Specify \$	0.00	\$ 0.00
	Total\$	i i	\$ 13,002,556.30
٠	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	·	Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors	7	\$13,002,556.30
	Non-accredited Investors		\$ <u>0</u>
	Total (for filings under Rule 504 only)		\$
3.	Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.	Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505	·	\$
	Regulation A	·	\$
	Rule 504		\$
	Total		\$
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees.		s 117,837.00
	Accounting Fees.		\$
	Engineering Fees.		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify) Filing Fees		\$ 900.00
	Total		s 118,737.00

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	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF	PROCEEDS	
	b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		\$_51,181,263.00
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.		
		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	\$	□ s
	Purchase of real estate	s	□ s
	Purchase, rental or leasing and installation of machinery		
	and equipment] \$	\$
	Construction or leasing of plant buildings and facilities	□ \$	\$
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)		
	Working capital	S	⊠\$ <u>51,181,263.00</u>
	Other (specify):	S	S
		 1	
		└│\$	
	Column Totals	□ \$	⊠ \$ <u>51,181,263.00</u>
	Total Payments Listed (column totals added)	\boxtimes s	51,181,263.00
	D. FEDERAL SIGNATURE		
sign	issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice nature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commis information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of R	sion, upon writt	
Inf	ner (Print or Type) inera Corporation (formerly Zepton tworks, Inc.) Signature	Date October 18, 2	005
	ne of Signer (Print or Type) Chael O. McCarthy III Title of Signer (Print or Type) Vice President, Secretary and General Co	unsel	

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)